



## HUNTINGTON BEACH POLICE DEPARTMENT

### Application for Release of Records Information

DATE	CASE NUMBER
LOCATION OF INCIDENT	DATE OF INCIDENT

#### APPLICANT INFORMATION

NAME		DATE OF BIRTH
ADDRESS		
HOME PHONE (      )	BUSINESS PHONE (      )	
DRIVER'S LICENSE NUMBER	STATE	
NAME OF AGENCY REQUESTING INFORMATION		
HOW DO YOU WISH TO RECEIVE THIS INFORMATION <input type="checkbox"/> IN PERSON <input type="checkbox"/> MAIL <input type="checkbox"/> FAX (Number) _____		
APPLICANT INVOLVEMENT	<input type="checkbox"/> VICTIM <input type="checkbox"/> PASSENGER <input type="checkbox"/> PARENT/GUARDIAN	<input type="checkbox"/> SUSPECT <input type="checkbox"/> INSURANCE * <input type="checkbox"/> POLICE OFFICER  <input type="checkbox"/> DRIVER <input type="checkbox"/> ATTORNEY * <input type="checkbox"/> PROBATION/PAROLE <input type="checkbox"/> OTHER _____
* Insurance/Attorney must provide proof of authorization		
INFORMATION REQUESTED	<input type="checkbox"/> CRIME/INCIDENT REPORT <input type="checkbox"/> LOG ITEM <input type="checkbox"/> PHOTOGRAPHS	<input type="checkbox"/> FINGERPRINT CARDS <input type="checkbox"/> ARREST REPORT <input type="checkbox"/> ACCIDENT REPORT  <input type="checkbox"/> MUG SHOTS <input type="checkbox"/> OTHER _____
PERSON INFORMATION IS REQUESTED ON	NAME	DATE OF BIRTH
CERTIFICATION <b>I certify under the penalty of perjury that... I am, or represent... the party of interest identified in the information listed herein.</b>		
SIGNATURE _____ DATE _____		

#### RECORDS BUREAU USE ONLY

IDENTIFICATION VERIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	FEES PAID <input type="checkbox"/> YES <input type="checkbox"/> NO	AUTHORIZATION <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	HOW INFORMATION WAS RELEASED <input type="checkbox"/> IN PERSON <input type="checkbox"/> FAX <input type="checkbox"/> MAIL <input type="checkbox"/> VIEW
REASON FOR DENIAL <input type="checkbox"/> Disclosure would endanger the successful completion of the investigation. <input type="checkbox"/> Disclosure would endanger the safety of an involved person. <input type="checkbox"/> Applicant is not an "involved" party. <input type="checkbox"/> Other _____			
APPLICANT WAS ADVISED OF THE DENIAL <input type="checkbox"/> IN PERSON <input type="checkbox"/> MAIL <input type="checkbox"/> TELEPHONE <input type="checkbox"/> FAX			

RECORDS REQUEST RECEIVED BY _____ DATE _____	APPROVED/DENIED BY _____ DATE _____	RELEASED BY _____ DATE _____
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